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PTO/SB/01 (12-97)

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Attorney Docket Number DECLARATION FOR UTILITY OR eanna T. Ongwela First Named Inventor **DESIGN** PATENT APPLICATION <u>COMPLETE IF KNOWN</u> (37 CFR 1.63) Application Number Filing Date ☑ Declaration Declaration OR Submitted Submitted after Initial **Group Art Unit** Filing (surcharge (37 CFR 1.16 (e)) with Initial Filing **Examiner Name** required)

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As a below named invento	r, I hereby declare that:	deal					
My residence, post office add	dress, and citizenship are	as stated below next to my	/ name.		•		
i believe I am the original, fin names are listed below) of th	st and sole inventor (if online subject matter which is	ly one name is listed below, claimed and for which a pa	or an original, f tent is sought or	irst and joint invention e	entor (if plural entitled:		
Massage a	and Tactile	Stimulation	Device	2			
the specification of which (Title of the Invention)							
r is attached hereto	is attached hereto						
OR Was filed on (MM/DD/	~~~						
Was lied on (window	() () () () () ()	as Unite	d States Applica	tion Number or I	PCT International		
Application Number	and w	as amended on (MM/DD/Y	YYY)		(if applicable).		
I hereby state that I have revie	ewed and understand the	contents of the above ident		n. including the			
amended by any amendment	specifically referred to an	ove.					
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.							
Lhereby claim foreign priority t	henefits under 35 U.S.C.	119(a)-(d) or 355(b) of or	u foreign analis		as inventorie		
I hereby claim foreign priority to certificate, or 365(a) of any PC America, listed below and have or of any PCT international applications.	benefits under 35 U.S.C. IT international applicationals identified below by	. 119(a)-(d) or 365(b) of ar on which designated at lea	ny foreign applic st one country o	ation(s) for pate	Indian Desert		
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[Page 1 of 2]
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DECLARATION **Utility or Design Patent Application** I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filling date of the prior application and the national or PCT international filing date of this application. **U.S. Parent Application or PCT Parent Parent Filing Date** Parent Patent Number Number (MM/DD/YYYY) (if applicable) Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Paten and Trademark Office connected therewith: Customer Number Place Customer OR Number Bar Code Registered practitioner(s) name/registration number listed below Label here Registration Registration Neme Number Number Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to: **Customer Number** OR Correspondence address below or Bar Code Label Name <u>Address</u> Address City State ZIP Country Telephone | 410/880-0863 Fax I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor Name of Sole or First Inventor: Given Name (first and middle [if any]) Family Name or Surname panna Inventor's Signature Residence: City Country Citizenship **Post Office Address** Post Office Address

ZIP

20723

Country

supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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State

aurel

 \square Additional inventors are being named on the



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STATEMENT CLAIMING SMA 37 CFR 1.9(f) & 1.27(b))—IND		Docket Number (Optional)			
Applicant, Patentee, or Identifier:	Seanna T. Onowela				
Application or Patent No.:	3				
Filed or Issued:					
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	by state that I qualify as an independents to the Patent and Trademark Office	nt inventor as defined in 37 CFR 1.9(c) described in:			
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the application identified above.					
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Dannal T. Ongwela	NAME OF INVENTOR	NAME OF INVENTOR			
Signature of inventor	Signature of inventor	Signature of inventor			
9/15/00 Date	Date	Date			